

AUG. 26. 2005 3:13PM

7635146982 MEDTRONIC

NO. 7315 P. 1

TO: USPTO

RECEIVED
CENTRAL FAX CENTER

AUG 28 2005



Medtronic

Facsimile Cover Sheet

P8863.00

To: Office of Publications
Company: U.S. Patent and Trademark Office
Phone:
Fax: 571 273 8300

From: Michael C. Soldner
Company:  **Medtronic**
Phone: 763 514 4842
Fax: 763 514 6982

RECEIVED
OIPE/IAP

Date: August 26, 2005

AUG 30 2005

**Pages including this
cover page:** 5

Comments: RE: P8863.00
Serial No. 09/750,739
Applicants: Timothy J. Nichols, et al.
Filed: December 29, 2000
Title: USER AUTHENTICATION IN MEDICAL DEVICE SYSTEMS

Attached please find the following documents:

- X Issue Fee Transmittal
- X Part B-Fee(s) Transmittal
- X Fee Addressee For Receipt of PTO Notices
Relating to Maintenance Fees

IF TELECOPY IS ILLEGIBLE OR ALL PAGES HAVE NOT BEEN RECEIVED, PLEASE CONTACT MOLLY CHLEBECK AT TELEPHONE (763) 514-3118 IMMEDIATELY.

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ON THIS TRANSMITTAL FORM. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE, AND RETURN THE ORIGINAL MESSAGE TO US AT THE ADDRESS LISTED ABOVE VIA THE U.S. POSTAL SERVICE. THANK YOU.

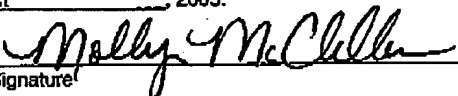
RECEIVED
CENTRAL FAX CENTER

AUG 26 2005

PATENTDOCKET NO: P8863.00IN THE UNITED STATES PATENT AND TRADEMARK OFFICEFEE TRANSMITTAL

In re Application of: Timothy J. Nichols, et al.
For: USER AUTHENTICATION IN MEDICAL DEVICE SYSTEMS
Serial No.: 09/750,739
Filed: December 29, 2000

CERTIFICATE OF MAILING UNDER 37 CFR 1.8: I hereby certify that this FEE TRANSMITTAL and the paper(s), as described herein, are being sent via facsimile No. (571) 273-8300 to the Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 26 day of August, 2005.


Signature

Molly Chlebeck
Printed Name

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

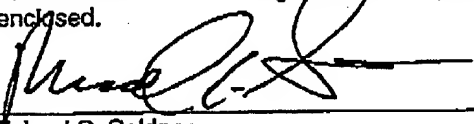
We are transmitting herewith the attached:

- X Fee Transmittal
- X PTOL FORM 85B
- X Fee Addressee For Receipt Of PTO Notices Relating To Maintenance Fee

- X Please charge Deposit Account 13-2546 \$1,400.00 Issue Fee and \$300.00 publication fee for a Total of \$1,700.00.

- X Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefore to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time and charge same to Deposit Account 13-2546. A duplicate of this transmittal is enclosed.

August 11, 2005
Date


Michael C. Soldner
Reg. No. 41,455
Telephone: (763) 514-4842
No. 27581

PATENTDOCKET NO: P8863.00IN THE UNITED STATES PATENT AND TRADEMARK OFFICEFEE TRANSMITTAL

In re Application of: Timothy J. Nichols, et al.
For: USER AUTHENTICATION IN MEDICAL DEVICE SYSTEMS
Serial No.: 09/750,739
Filed: December 29, 2000

CERTIFICATE OF MAILING UNDER 37 CFR 1.8: I hereby certify that this FEE TRANSMITTAL and the paper(s), as described herein, are being sent via facsimile No. (571) 273-8300 to the Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on this 26 day of August, 2005.

Signature: Molly Chlebeck
Printed Name

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

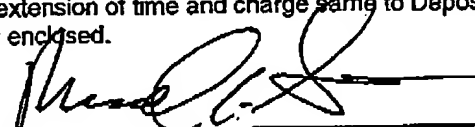
We are transmitting herewith the attached:

- X Fee Transmittal
- X PTOL FORM 85B
- X Fee Addressee For Receipt Of PTO Notices Relating To Maintenance Fee

- X Please charge Deposit Account 13-2546 \$1,400.00 Issue Fee and \$300.00 publication fee for a Total of \$1,700.00.

- X Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefore to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time and charge same to Deposit Account 13-2546. A duplicate of this transmittal is enclosed.

Date

August 11, 2005
Michael C. Soldner
Reg. No. 41,455
Telephone: (763) 514-4842
No. 27581

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
(571) 273-2885

or Fax

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

27581 7590 07/13/2005

MEDTRONIC, INC.
710 MEDTRONIC PARKWAY NE
MS-LC340
MINNEAPOLIS, MN 55432-5604

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

<i>Molly McClellan</i>	(Depositor's name)
<i>Molly McClellan</i>	(Signature)
8/26/05	(Date)

08/29/2005 LWONDIM2 00000048 132546 09750739

01 FC:1501	1400.00 DA	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
02 FC:1504	300.00 DA	12/29/2000	Timothy J. Nichols	P-8863	7216
09/750,739					

TITLE OF INVENTION: USER AUTHENTICATION IN MEDICAL DEVICE SYSTEMS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	10/13/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
COUSO, YON JUNG	2625	382-115000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Girma Wolde-Michael
Michael C. Soldner
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Medtronic, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

*Minneapolis, MN*Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number *13-2540* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

Michael C. Soldner

Date

August 11, 2005

Typed or printed name

Michael C. Soldner

Registration No.

41,455

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.